World Service Contribution Program

SAVE CHECKS! SAVE STAMPS! SAVE TIME! SAVE LIVES!

Cocaine Anonymous World Service depends on the financial support provided by individual members, groups, committees, districts, and areas. We use your contributions as efficiently as possible, to maximize the services we are able to provide to addicts throughout the World. When you participate in the World Service Contribution Program, you ensure that we are able to serve the needs of those in our fellowship, and reach even more with our message of Hope, Faith and Courage.

CA WORLD SERVICE WHERE YOUR MONEY GOES

The main service body for the Fellowship of Cocaine Anonymous is CA World Service, which is centered at the World Service Office in Los Angeles (California). There, employees and volunteers maintain communications with CA as a whole, and with persons outside of CA who turn to us for information about the program of recovery.

Here are just a few of the program services that your contributions make possible:

- Producing and stocking CA Literature, and filling orders from CA Areas and members
- Providing CA materials and information to new meetings and the media, and supporting the needs of members who have no nearby meetings
- Supplying Hope Faith and Courage books and other CA materials to inmates
- Providing administrative and planning support for World Service Convention and Conference events

There are no dues or fees for membership; we are fully self-supporting through our own contributions.
It's as easy as...

1 2 3

CONVENIENT
EFFECTIVE When you participate in the CA World Service Contribution Program, your financial support allows World Service to fulfill its mission. And because your Contribution Program gifts are conveniently transferred by your bank from your checking account, savings account, debit card, or credit card account directly to the World Service Office, your contributions go farther than ever before:

- Our administration costs are decreased.
- Mailing delays are eliminated.
- Income becomes more predictable, helping World Services to make long-term, cost-effective decisions.

SAFE
SECURE The CA World Service Contribution Program is safe, secure and confidential. You have complete control of the process, because you specify the amount of your contributions, and when they are made.

FLEXIBLE You determine the amount and timing of your contributions. You can always increase, decrease or suspend your participation at any time by writing the World Service Office. And your contributions may be tax deductible (consult your tax advisor).

To help CA World Service Office meet the needs of members, groups, areas and addicts still suffering, please fill out the authorization form on the facing page, attach a voided check or deposit slip (if necessary), and mail everything to the address shown.

SEND YOUR COMPLETED FORM TO

COCAINE ANONYMOUS WORLD SERVICE OFFICE, INC.
21720 S. Wilmington Ave. Suite 304
Long Beach, CA 90810

QUESTIONS? CALL EMAIL
Phone 1-310-559-5833 / cawso@ca.org

AUTHORIZATION FOR DIRECT PAYMENT (ACH DEBITS)

YES! As a member of CA, I want to participate in the CA World Services Contribution Program to help keep CA World Services going strong!

COCAINE ANONYMOUS WORLD SERVICE OFFICE, INC.
21720 S. Wilmington Ave. Suite 304, Long Beach, CA 90810
Phone 1-310-559-5833 / cawso@ca.org

As part of my 7th Tradition contributions to Cocaine Anonymous World Service Office, Inc., I authorize Cocaine Anonymous World Service Office, Inc. (CAWSO), to initiate entries to my account described below:

Type of Account… □ Checking □ Savings □ Credit Card □ Debit Card

Credit Card or
Debit Card Name________________________________________________________

Account Number__________________________________________________________

Routing Number___________________________________________________________

Expiration Date___________________________________________________________

Financial Institution’s Name________________________________________________

Financial Institution’s Address/Branch_______________________________________

If using a Checking Account, please include a voided check. If using a savings account, please include a deposit slip.

PAYMENT DETAILS
Amount in US Dollars… $___________ Date of first payment… □ 1st of Month □ 15th of Month

PAYMENT FREQUENCY
□ Monthly □ Annually □ One-time basis

Effective Date: ______/_____/________ (MM/DD/YYYY)
This authority is to remain in full force and effect until CAWSO has received written notification from me of it’s termination in such time and manner as to afford CAWSO a reasonable opportunity to act on it.

PLEASE PRINT NAME AS IT APPEARS ON THE ACCOUNT

Name_________________________________________ Date_______________________

Address________________________________________

City___________________________________________ State/Prov.____________ Zip/Code____________

Country________________________________________

Daytime Phone________________________ Evening Phone/Cell_____________________

Email________________________________________

PLEASE MAKE A COPY OF THE COMPLETED FORM FOR YOUR RECORDS.